# 

# Same Day Emergency Care

Service specification

* + 1. Appendix 1: [SAMEDAY STRATEGY Framework for Delivery](https://www.england.nhs.uk/long-read/sameday-strategy/)

## Self-assessment tools

| **Minimum requirement to be met for SDEC service** | **Met? Yes/No** | **If no, see priority:** |
| --- | --- | --- |
| A named senior clinical decision-maker is on duty and present in SDEC during peak demand hours of operation, with access to an appropriate consultant to support decision-making as required. |  | 1 |
| SDEC service has its own dedicated workforce when open. |  |
| * An agreed medical and nursing/AHP workforce template is used for the SDEC service. |  |
| * Access to a pharmacy service for patient medication advice, dispensing, supply and counselling of medication on discharge. |  |
| * Referrers should be able to discuss referrals with an SDEC senior clinical decision-maker to ensure they are appropriate. |  | 2 |
| * SDEC service is profiled in the Directory of Services with up-to-date opening times, referral criteria and contact details. |  |
| * Primary care can refer patients directly to SDEC. |  |
| * Ambulance clinicians can refer patients directly to SDEC. |  |
| * Standardised referral/exclusion criteria are agreed and shared with healthcare partners. |  |
| * Patients can be streamed direct from ED to SDEC. |  |
| * NHS 111 services can refer patients directly to SDEC. |  |
| * Community services (including UCR), virtual wards and single point of access (SPoA) services can refer patients directly to SDEC. |  |
| * All SDEC activity is recorded via ECDS. |  | 3 |
| * Sites have ceased recording SDEC activity on outpatient datasets (ODS). |  |
| * SDEC service collects feedback from patients and identifies actions to improve patient experience. |  |
| 16. SDEC should not be bedded to ensure continuous service provision. |  | 4 |
| 17. Adequate waiting and treatment room/chair capacity should be available to meet demand. |  |
| 18. SDEC unit should have a combination of consulting rooms, trolleys and chairs for patient assessment and treatment. |  |
| 19. SDEC services should have the same access to diagnostics and reporting that ED has locally. |  | 5 |
| 20. SDEC services must operate for a minimum of 12 hours a day, 7 days a week. |  | 6 |
| 21. Acute frailty services must operate for a minimum of 70 hours a week. |  |
| 22. Each SDEC service has a designated SDEC clinical lead who works in the service. |  | 7 |
| 23. Each SDEC clinical lead should have designated professional activity sessions in their job plan to support the development of the SDEC (for example, development of polices and guidance, review of clinical practice, audits). |  |
| 24. An executive director and a non-executive director are identified as sponsors for SDEC services. |  |

### Self-assessment tool: Opportunities for improvement

This tool helps you assess the potential to transform further and identify what you should be striving to achieve to improve your SDEC service model.

| **Improvement opportunities for your SDEC service** | **Met? Yes/No** | **If no, see priority:** |
| --- | --- | --- |
| 1. Workforce training and development plan is in place for all roles in SDEC. |  | 1 |
| 1. Advanced level practice roles are embedded in the service model (for example, advanced clinical practitioners, nurse practitioners, clinical nurse specialists, clinical pharmacists). |  |
| 1. SDEC staffing model supports unplanned demand using 0LoS as a proxy measure for all patients. |  |
| 1. A full MDT presence is embedded in the SDEC workforce model. |  |
| 1. Referral criteria for SDEC are standardised across an ICS footprint. |  | 2 |
| 1. Digital tools are considered as part of future planning to ensure ease of referral and sharing of patient information. |  |
| 1. Booking tools are considered as part of future planning to ensure ease of referral and sharing of patient information. |  |
| 1. Workforce boundaries are reduced by working across all areas of the ICS, maximising the opportunity to work across primary, community, mental health and secondary care. |  |
| 1. All SDEC activity is recorded in ECDS as Type 5 activity. |  | 3 |
| 1. SDEC services use the experience of care 10 quality markers to seek feedback from patients and from this identify any necessary changes to service provision. |  |
| 1. Capital investment for SDEC estate is adequate to improve both physical and virtual capacity. |  | 4 |
| 1. Demand and capacity modelling is undertaken to ensure that the SDEC footprint is fit for purpose. |  |
| 1. SDEC unit has its own external entrance to support direct admissions to SDEC from ambulance services, walk-in, NHS 111, primary and community care. |  |
| 1. SDEC services have access to community diagnostic centres to reduce pressure on acute diagnostic services. |  | 5 |
| 1. SDEC services work across the community to support delivery of hospital at home. |  |
| 1. SDEC services have access to POCT to facilitate prompt diagnosis and treatment of patients. |  |
| 1. Streaming to SDEC avoids multiple assessments and duplication before the patient reaches the service. |  | 6 |
| 1. Staff working in SDEC are involved in developing the service. |  | 7 |
| 1. ICS leadership supports the provision of SDEC across primary, community, mental health and secondary care boundaries. |  |